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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (In full)

☒ (Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Jackson Lewis LLP Political Action Committee

JL PAC

ADDRESS (number and street)

One North Broadway

☒ (Check if address  
is changed)

15th Floor

White Plains

NY

10601-2305

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

schlossw@jacksonlewis.com

☒ (Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address  
is changed)

2. DATE

04 / 09 / 2010

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒ NEW (N)

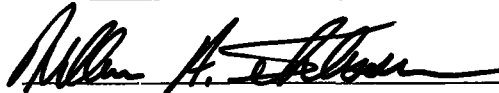
OR

☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William Schlosser

Signature of Treasurer



Date

05 / 04 / 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)